

U9/830435

CLAIMS AS FILED - PART I

| (Column 1) | (Column 2) |
|----------------------------------|-------------------------------------|
| TOTAL CLAIMS | |
| FOR | NUMBER FILED |
| TOTAL CHARGEABLE CLAIMS | 8 minus 20 = |
| INDEPENDENT CLAIMS | 1 minus 3 = |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input checked="" type="checkbox"/> |

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| (Column 1) | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 2) | (Column 3) |
|--|---|-------|---|------------------|------------|--------------------------|
| | | | | | | |
| Total | 15 | Minus | 20 | = | | |
| Independent | 4 | Minus | 4 | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | <input type="checkbox"/> |

| SMALL ENTITY TYPE | OTHER THAN OR SMALL ENTITY |
|----------------------|-------------------------------|
| RATE | Fee |
| BASIC FEE | OR BASIC FEE |
| X\$ 9= | OR X\$18= |
| X40= | OR X80= |
| +135= | OR +270= 270 |
| TOTAL | OR TOTAL 113 0 |

| SMALL ENTITY | OTHER THAN OR SMALL ENTITY |
|------------------|-------------------------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | OR X\$18= |
| X40= | OR X80= |
| +135= | OR +270= |
| TOTAL ADDIT. FEE | OR TOTAL ADDIT. FEE |

| (Column 1) | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 2) | (Column 3) |
|--|---|-------|---|------------------|------------|--------------------------|
| | | | | | | |
| Total | 15 | Minus | 20 | = | | |
| Independent | 4 | Minus | 4 | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|-------------------|---------------------|-------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| (Column 1) | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 2) | (Column 3) |
|--|---|-------|---|------------------|------------|--------------------------|
| | | | | | | |
| Total | 15 | Minus | 20 | = | | |
| Independent | 4 | Minus | 4 | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|-------------------|---------------------|-------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.